

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

07 MAR 22 PM 4:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

000094732650  
03/26/07--01006--001 \*\*\$35.00

**REINSTATEMENT** 04-07

CR2E081 (1/07)

DOCUMENT # P02000050720  
1. Corporation Name Management Inc.  
Physicians Network of Florida,  
701 NW 57 Ave S-300  
Miami FL 33126

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
Suite, Apt. #, etc. <u>300</u>		Suite, Apt. #, etc. <u>3AA</u>	
City & State <u>Miami FL</u>		City & State <u>Miami FL</u>	
Zip <u>33126</u>	Country <u>Miami-Flade</u>	Zip <u>33126</u>	Country <u>Miami-Flade</u>

4. Date Incorporated or Qualified To Do Business in Florida <u>May 2002</u>	
5. FEI Number <u>04-3651037</u>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent			
Name <u>Philip Medvin, P.A.</u>			
Street Address (P.O. Box Number is Not Acceptable) <u>4112 Aurora Street</u>			
Suite, Apt. #, Etc. <u>Coral Gables, FL 33146</u>			
City <u>305-448-1750</u>	State <u>FL</u>	Zip Code <u>33146</u>	

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

Victor Belar  
REGISTERED AGENT MUST SIGN

Date 2-1-07

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<u>CEO</u>	<u>Victor Belar</u>	<u>701 NW 57 Ave S-300</u>	<u>Miami, FL 33126</u>

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Victor Belar  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-1-07 786-271-3697  
Daytime Phone #

Refund \$35 SD 3/22